

Introduced by Senator Steinberg

February 19, 2014

An act to amend Section 5848.5 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 1128, as introduced, Steinberg. Investment in Mental Health Wellness Act of 2013.

The Investment in Mental Health Wellness Act of 2013 states the intent of the Legislature to authorize the California Health Facilities Financing Authority and the Mental Health Services Oversight and Accountability Commission to administer competitive selection processes for capital capacity and program expansion to increase capacity for mobile crisis support, crisis intervention, crisis stabilization services, crisis residential treatment, and specified personnel resources. The act provides that funds appropriated by the Legislature to the authority for the purposes of the act be made available to selected counties or counties acting jointly, except as otherwise provided, and used to increase capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams.

This bill would make a technical, nonsubstantive change to these provisions.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 5848.5 of the Welfare and Institutions Code is amended to read:

5848.5. (a) The Legislature finds and declares all of the following:

(1) California has realigned public community mental health services to counties and it is imperative that sufficient community-based resources be available to meet the mental health needs of eligible individuals.

(2) Increasing access to effective outpatient and crisis stabilization services provides an opportunity to reduce costs associated with expensive inpatient and emergency room care and to better meet the needs of individuals with mental health disorders in the least restrictive manner possible.

(3) Almost one-fifth of people with mental health disorders visit a hospital emergency room at least once per year. If an adequate array of crisis services is not available, it leaves an individual with little choice but to access an emergency room for assistance and, potentially, an unnecessary inpatient hospitalization.

(4) Recent reports have called attention to a continuing problem of inappropriate and unnecessary utilization of hospital emergency rooms in California due to limited community-based services for individuals in psychological distress and acute psychiatric crisis. Hospitals report that 70 percent of people taken to emergency rooms for psychiatric evacuation can be stabilized and transferred to a less intensive level of crisis care. Law enforcement personnel report that their personnel need to stay with people in the emergency room waiting area until a placement is found, and that less intensive levels of care tend not to be available.

(5) Comprehensive public and private partnerships at both local and regional levels, including across physical health services, mental health, substance use disorder, law enforcement, social services, and related supports, are necessary to develop and maintain high quality, patient-centered, and cost-effective care for individuals with mental health disorders that facilitates their recovery and leads towards wellness.

(6) The recovery of individuals with mental health disorders is important for all levels of government, business, and the local community.

(b) This section shall be known, and may be cited, as the Investment in Mental Health Wellness Act of 2013. The objectives of this section are to do all of the following:

(1) Expand access to early intervention and treatment services to improve the client experience, achieve recovery and wellness, and reduce costs.

(2) Expand the continuum of services to address crisis intervention, crisis stabilization, and crisis residential treatment needs that are wellness, resiliency, and recovery oriented.

(3) Add at least 25 mobile crisis support teams and at least 2,000 crisis stabilization and crisis residential treatment beds to bolster capacity at the local level to improve access to mental health crisis services and address unmet mental health care needs.

(4) Add at least 600 triage personnel to provide intensive case management and linkage to services for individuals with mental health care disorders at various points of access, such as at designated community-based service points, homeless shelters, and clinics.

(5) Reduce unnecessary hospitalizations and inpatient days by appropriately utilizing community-based services and improving access to timely assistance.

(6) Reduce recidivism and mitigate unnecessary expenditures of local law enforcement.

(7) Provide local communities with increased financial resources to leverage additional public and private funding sources to achieve improved networks of care for individuals with mental health disorders.

(c) Through appropriations provided in the annual Budget Act for this purpose, it is the intent of the Legislature to authorize the California Health Facilities Financing Authority, hereafter referred to as the authority, and the Mental Health Services Oversight and Accountability Commission, hereafter referred to as the commission, to administer competitive selection processes as provided in this section for capital capacity and program expansion to increase capacity for mobile crisis support, crisis intervention, crisis stabilization services, crisis residential treatment, and specified personnel resources.

(d) Funds appropriated by the Legislature to the authority for the purposes of this section shall be made available to selected ~~counties~~, *counties* or counties acting jointly. The authority may,

1 at its discretion, also give consideration to private nonprofit
2 corporations and public agencies in an area or region of the state
3 if a county, or counties acting jointly, affirmatively supports this
4 designation and collaboration in lieu of a county government
5 directly receiving grant funds.

6 (1) Grant awards made by the authority shall be used to expand
7 local resources for the development, capital, equipment acquisition,
8 and applicable program startup or expansion costs to increase
9 capacity for client assistance and services in the following areas:

10 (A) Crisis intervention, as authorized by Sections 14021.4,
11 14680, and 14684.

12 (B) Crisis stabilization, as authorized by Sections 14021.4,
13 14680, and 14684.

14 (C) Crisis residential treatment, as authorized by Sections
15 14021.4, 14680, and 14684.

16 (D) Rehabilitative mental health services, as authorized by
17 Sections 14021.4, 14680, and 14684.

18 (E) Mobile crisis support teams, including personnel and
19 equipment, such as the purchase of vehicles.

20 (2) The authority shall develop selection criteria to expand local
21 resources, including those described in paragraph (1), and processes
22 for awarding grants after consulting with representatives and
23 interested stakeholders from the mental health community,
24 including, but not limited to, county mental health directors, service
25 providers, consumer organizations, and other appropriate interests,
26 such as health care providers and law enforcement, as determined
27 by the authority. The authority shall ensure that grants result in
28 cost-effective expansion of the number of community-based crisis
29 resources in regions and communities selected for funding. The
30 authority shall also take into account at least the following criteria
31 and factors when selecting recipients of grants and determining
32 the amount of grant awards:

33 (A) Description of need, including, at a minimum, a
34 comprehensive description of the project, community need,
35 population to be served, linkage with other public systems of health
36 and mental health care, linkage with local law enforcement, social
37 services, and related assistance, as applicable, and a description
38 of the request for funding.

1 (B) Ability to serve the target population, which includes
2 individuals eligible for Medi-Cal and individuals eligible for county
3 health and mental health services.

4 (C) Geographic areas or regions of the state to be eligible for
5 grant awards, which may include rural, suburban, and urban areas,
6 and may include use of the five regional designations utilized by
7 the California Mental Health Directors Association.

8 (D) Level of community engagement and commitment to project
9 completion.

10 (E) Financial support that, in addition to a grant that may be
11 awarded by the authority, will be sufficient to complete and operate
12 the project for which the grant from the authority is awarded.

13 (F) Ability to provide additional funding support to the project,
14 including public or private funding, federal tax credits and grants,
15 foundation support, and other collaborative efforts.

16 (G) Memorandum of understanding among project partners, if
17 applicable.

18 (H) Information regarding the legal status of the collaborating
19 partners, if applicable.

20 (I) Ability to measure key outcomes, including improved access
21 to services, health and mental health outcomes, and cost benefit
22 of the project.

23 (3) The authority shall determine maximum grants awards,
24 which shall take into consideration the number of projects awarded
25 to the grantee, as described in paragraph (1), and shall reflect
26 reasonable costs for the project and geographic region. The
27 authority may allocate a grant in increments contingent upon the
28 phases of a project.

29 (4) Funds awarded by the authority pursuant to this section may
30 be used to supplement, but not to supplant, existing financial and
31 resource commitments of the grantee or any other member of a
32 collaborative effort that has been awarded a grant.

33 (5) All projects that are awarded grants by the authority shall
34 be completed within a reasonable period of time, to be determined
35 by the authority. Funds shall not be released by the authority until
36 the applicant demonstrates project readiness to the authority's
37 satisfaction. If the authority determines that a grant recipient has
38 failed to complete the project under the terms specified in awarding
39 the grant, the authority may require remedies, including the return
40 of all or a portion of the grant.

1 (6) A grantee that receives a grant from the authority under this
2 section shall commit to using that capital capacity and program
3 expansion project, such as the mobile crisis team, crisis
4 stabilization unit, or crisis residential treatment program, for the
5 duration of the expected life of the project.

6 (7) The authority may consult with a technical assistance entity,
7 as described in paragraph (5) of subdivision (a) of Section 4061
8 of the Welfare and Institutions Code, for the purposes of
9 implementing this section.

10 (8) The authority may adopt emergency regulations relating to
11 the grants for the capital capacity and program expansion projects
12 described in this section, including emergency regulations that
13 define eligible costs and determine minimum and maximum grant
14 amounts.

15 (9) The authority shall provide reports to the fiscal and policy
16 committees of the Legislature on or before May 1, 2014, and or
17 before May 1, 2015, on the progress of implementation, that
18 includes, but are not limited to, the following:

19 (A) A description of each project awarded funding.

20 (B) The amount of each grant issued.

21 (C) A description of other sources of funding for each project.

22 (D) The total amount of grants issued.

23 (E) A description of project operation and implementation,
24 including who is being served.

25 (10) A recipient of a grant provided pursuant to paragraph (1)
26 shall adhere to all applicable laws relating to scope of practice,
27 licensure, certification, staffing, and building codes.

28 (e) Funds appropriated by the Legislature to the commission
29 for the purposes of this section shall be allocated for triage
30 personnel to provide intensive case management and linkage to
31 services for individuals with mental health disorders at various
32 points of access. These funds shall be made available to selected
33 counties, counties acting jointly, or city mental health departments,
34 as determined by the commission through a selection process. It
35 is the intent of the Legislature for these funds to be allocated in an
36 efficient manner to encourage early intervention and receipt of
37 needed services for individuals with mental health disorders, and
38 to assist in navigating the local service sector to improve
39 efficiencies and the delivery of services.

1 (1) Triage personnel may provide targeted case management
2 services face to face, by telephone, or by telehealth with the
3 individual in need of assistance or his or her significant support
4 person, and may be provided anywhere in the community. These
5 service activities may include, but are not limited to, the following:

6 (A) Communication, coordination, and referral.

7 (B) Monitoring service delivery to ensure the individual accesses
8 and receives services.

9 (C) Monitoring the individual's progress.

10 (D) Providing placement service assistance and service plan
11 development.

12 (2) The commission shall take into account at least the following
13 criteria and factors when selecting recipients and determining the
14 amount of grant awards for triage personnel as follows:

15 (A) Description of need, including potential gaps in local service
16 connections.

17 (B) Description of funding request, including personnel and use
18 of peer support.

19 (C) Description of how triage personnel will be used to facilitate
20 linkage and access to services, including objectives and anticipated
21 outcomes.

22 (D) Ability to obtain federal Medicaid reimbursement, when
23 applicable.

24 (E) Ability to administer an effective service program and the
25 degree to which local agencies and service providers will support
26 and collaborate with the triage personnel effort.

27 (F) Geographic areas or regions of the state to be eligible for
28 grant awards, which shall include rural, suburban, and urban areas,
29 and may include use of the five regional designations utilized by
30 the California Mental Health Directors Association.

31 (3) The commission shall determine maximum grant awards,
32 and shall take into consideration the level of need, population to
33 be served, and related criteria, as described in paragraph (2), and
34 shall reflect reasonable costs.

35 (4) Funds awarded by the commission for purposes of this
36 section may be used to supplement, but not supplant, existing
37 financial and resource commitments of the county, counties acting
38 jointly, or city mental health department that received the grant.

39 (5) Notwithstanding any other law, a county, counties acting
40 jointly, or city mental health department that receives an award of

1 funds for the purpose of supporting triage personnel pursuant to
2 this subdivision is not required to provide a matching contribution
3 of local funds.

4 (6) Notwithstanding any other law, the commission, without
5 taking any further regulatory action, may implement, interpret, or
6 make specific this section by means of informational letters,
7 bulletins, or similar instructions.

8 (7) The commission shall provide a status report to the fiscal
9 and policy committees of the Legislature on the progress of
10 implementation no later than March 1, 2014.